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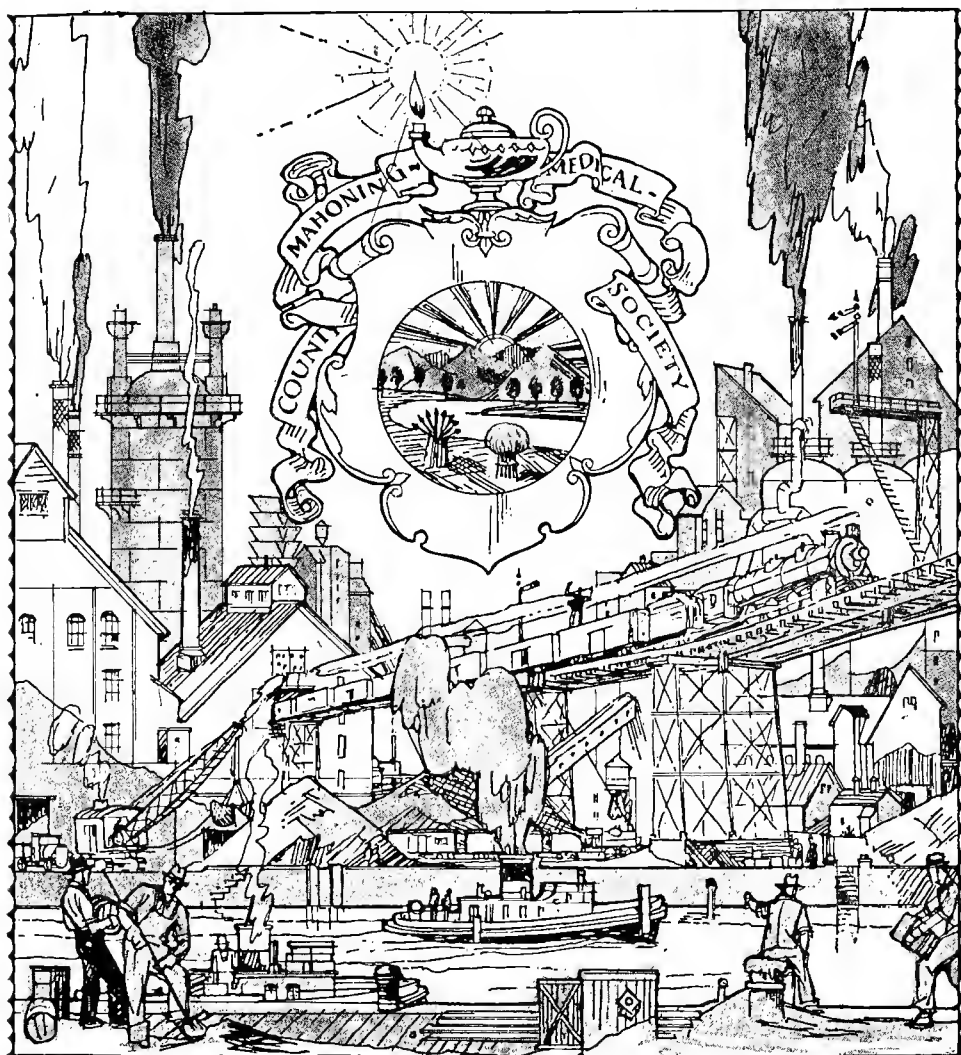
of the

MAHONING COUNTY MEDICAL SOCIETY

Volume XXXIII

Number Nine

SEPTEMBER, 1963



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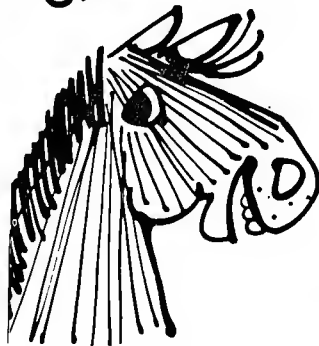
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Tuesday, September 17, 1963

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BUSINESS

Blue Shield Comprehensive Plan

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6:00 p.m. Social Hour

6:30 p.m. Free Buffet Dinner

7:30 p.m. Meeting



Send your reservation to:

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1005 Belmont Avenue

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MEDICAL-DENTAL BUREAU

Thursday, September 26

Youngstown Country Club

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*Syndicated column appearing in Toledo Blade, October 26, 1961, by Dr. Frederick J. Stare, Dept. of Nutrition, Harvard University.

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume XXXIII

September, 1963

Number 9

Published for and by the Members of the Mahoning County Medical Society

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A. William Geordan, M.D.

Joseph W. Tandatnick, M.D.

A. T. Laird, M.D.

GOLF OUTING THURSDAY

The annual golf outing sponsored by the Medical-Dental Bureau will be held on Thursday, Sept. 26, at the Youngstown Country Club. Tee-off time will be 1:00 p.m.

Dinner will be served at 7:00 p.m. Cost of the dinner will be \$7.00 and will cover tax, tips, prizes and fun. The outing is open to all members of the Mahoning County Medical Society and the Corydon-Palmer Dental Society.

Reservations may be made by sending a check to the Medical-Dental Bureau by Friday, Sept. 20. Address it to: Medical-Dental Bureau, 202 Schween-Wagner Bldg., 125 W. Commerce St., Youngstown 3, Ohio.

COMMUNITY HEALTH WEEK

To attract public attention to the excellent medical and health facilities existing in all communities, state and county medical societies all over the country are being urged to observe Community Health Week, October 20-26, 1963.

This will be the first national observance of what is intended to be an annual event. The House of Delegates of the American Medical Association, at its meeting in Los Angeles in November, 1962, adopted a resolution establishing the nation-wide observance of Community Health Week on a continuing annual basis.

In a letter to executive secretaries of state and county medical societies, Edward R. Annis, M.D., president of the AMA, wrote: "The objective of this national program is to focus public attention, at the community level, on the progress of medical science and the high quality of each community's health resources and facilities."

UNITED APPEAL ASKS \$1,525,053

The Community Chest Drive this year becomes the United Appeal Youngstown area since the Mahoning Chapter of Red Cross has joined with the Red Feather Agencies. The campaign will open October 7, 1963, but most of the professional personnel in Youngstown will be solicited before that date.

This drive will have a goal of \$1,525,053 which is \$16,241 less than the previous Community Chest and Red Cross combined goals. This is still a lot of money, but it will be divided among 31 local Red Feather Agencies, Red Cross, and some token amounts to 12 national social agencies. The Red Feather group is slated to receive \$1,095,000 and Red Cross \$218,778 (\$8,000 less due to administration savings). Twelve national social agencies will receive lesser amounts totalling \$33,000. The remainder of the money to be raised will be allocated as follows: scholarship fund (to train social workers for Youngstown), \$7,500; Health and Welfare Council, \$35,000; administration and campaign, \$67,000; 3% contingency \$44,400; neighboring chests, \$24,000.

Every physician will be solicited by a colleague. Physicians are divided into two groups headed by Drs. G. E. DeCicco and Paul E. Ruth. In the last 2 or 3 years a number of physicians have given excellent support to this financial appeal. Some of our membership, however, does not realize how many agencies are served. While it is not the purpose of the writer to tell any person how much to give, past records have indicated that many of our group could do better. This year with Red Cross joining the drive it will be necessary to increase the previous pledge. Many of our younger members can begin to share in this responsibility this year. Gifts of less than \$100 mean that a social agency—in itself very vital to this community—would receive less than \$3 each. Last year it was suggested by some of the members of the Medical Society Council that we form a club of those who give \$100 or more. It was a good idea, but it was felt that a few might be justifiably hurt by such a proposal. In the past years the physicians' average giving to the Community Chest was approximately \$68 per person. This year we must have some increase for Red Cross, but we need a lot more in the \$100 or more group to really bring up our average.

When you are solicited please do not be evasive and delay signing your card. Your solicitor is a busy physician. He volunteers his time for this drive. He cannot make repeated trips.

Remember your favorite agencies will not receive their appropriation unless the quota is raised.

Let's do our share for the United Appeal!

—Frederick S. Coombs, M.D.
Chairman Professional Division

OFFICE HAS ID INFORMATION

If a patient should ask you for information as to where he might obtain an emergency medical identification tag, you may refer him to the Medical Society office. The office has copies of a mimeographed list, such as the one printed in the last issue of the Bulletin, and will be glad to send one to anyone requesting it. The list gives the names of manufacturers of a variety of identification tags and cards, and gives a brief description of each.

The AMA emergency medical identification card is also sent to each person requesting information.



Invalid Walkers



Wheelchairs



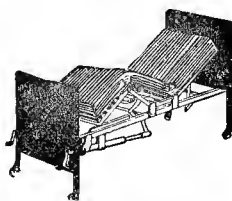
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REFERENCES:

1. Kocsis, L.F.: Evaluation of a New Anorectic Combination in the Treatment of Obesity, *Manitoba M. Rev.* 47:521 (Oct.) 1961.
2. Stevenson, L.E.: A Note on Anorectics, *M. Ann. District of Columbia* 30:409 (July) 1961.
3. Cauffman, W.J., and Pauley, W.G.: Obesity and Emotional Status, *Pennsylvania M.J.* 64:505 (Apr.) 1961.

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MILK PROCESSING FUNCTIONS

Since the publication of the last issue of the Bulletin, due to the closing of the Sealtest milk processing plant in Erie, Pa., an additional 80 dairy farms in Pennsylvania have been placed under our supervision. They will have to be inspected by our two sanitarians because they supply milk to Youngstown, although they are situated more than 50 miles away.

Periodic inspection of milk processing plants is required to assure compliance with the Grade A Milk Ordinance. The chief of our Division of Milk and Dairy Inspection is an exceptionally well trained and experienced man, who keeps abreast of the newest machinery and processing methods of the dairy industry. Floor plans for new plants or major alterations in existing plants must be submitted for his approval. There are now eight milk processing plants under the supervision of the City Health Department.

Routine inspection of a milk plant consists of checking the following items as listed on the inspection form: construction, repair and cleanliness of floors, walls, ceilings, doors and windows; lighting and ventilation; proper partitioning of rooms; water supply; toilet and hand washing facilities; sanitary piping and fittings; construction and repair of various pieces of equipment; disposal of wastes; cleaning, bactericidal treatment and storage of containers and equipment; cooling, bottling and capping equipment; and the general housekeeping of the entire surroundings.

The focal point of the inspection, however, is the pasteurization equipment, both the vat and continuous flow types. The latter are known as the high temperature short time process (HTST) and is now used in most large plants. It is an intricate system of equipment, electronically controlled, which normally permits a continuous flow of milk from the raw milk cold storage tanks to the bottling machines. Enroute it is preheated, pasteurized, homogenized and re-cooled to storage temperature. After prescribed testing, the sanitarian places official seals at vital points in the system. These seals may only be broken in case of needed repair, after which the sanitarian is notified so that he may check and reseal the system.

With proper use of modern methods and equipment it is entirely possible that only the milk hauler would actually see the milk until the consumer opens the paper milk carton in his home. He must smell, measure and take a small sample of the raw milk for laboratory analysis from the milk cooling tank at each farm, prior to pumping the milk into his tank truck for transportation to the processing plant. The hauler is licensed by the State Department of Agriculture and he indeed has a great responsibility. Picking up just one tank of inferior milk might jeopardize the quality of thousands of gallons of good milk, with which it is mixed at the plant.

Inspections, similar to those of the milk plants, are made of two ice cream plants and numerous frozen dessert stands and mixed distributors under our supervision.

This concludes the summary of our functions in the field of milk sanitation.

—Sidney Franklin, M.D.

Health Commissioner, City of Youngstown

ASSISTANTS PLAN WORKSHOP

The Medical Assistants Society of Mahoning County, sponsored by the Mahoning County Medical Society, will hold an annual all-day workshop at St. Elizabeth Hospital on Sunday, October 27. The program will include practical demonstrations and speakers on medical subjects.

Sept. 16

P. H. Fuscoe
R. G. Mossman
N. J. Garritano

Sept. 17

J. Dentscheff

Sept. 18

J. A. Renner
E. R. Thomas

Sept. 21

R. G. Warnock

Sept. 23

W. J. Flynn
M. Halmos
E. H. Nagel

Sept. 25

V. G. Herman

Sept. 26

E. A. Massullo

Sept. 27

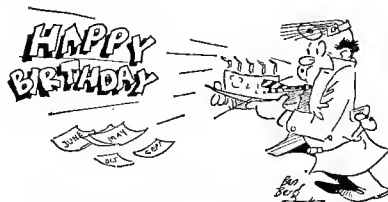
R. J. Scheetz

Sept. 28

J. Nemeth

Sept. 29

D. H. Levy



Get Your Annual Check-up

Sept. 30

D. Stillson
H. P. Bauer, Jr.

Oct. 3

G. M. McKelvey

Oct. 4

G. Delfs

Oct. 5

B. Katz

Oct. 6

J. L. Calvin

Oct. 8

J. N. McCann

Oct. 9

J. F. Stotler
W. P. Young

Oct. 11

H. S. Ellison
E. Hecker

Oct. 12

B. I. Firestone
J. R. Gillis

Oct. 13

A. Goudsmit

Oct. 14

E. T. McCune
J. H. Smith

Oct. 15

R. V. Clifford
J. S. Bates

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MYOCARDIAL REVASCULARIZATION

*From the Departments of Cardiovascular Surgery and the
Cardiopulmonary Laboratory, St. Elizabeth Hospital*

By Dr. E. Saadi, Dr. E. Massullo and Dr. A. Riberi

Surgery for Angina Pectoris has gone through many evolutions for the past twenty years. Many operations have been proposed and performed; the discussion of these procedures is beyond the scope of this paper. Suffice it to say that the great majority have been discarded or have not been proven in their efficacy to everyone's satisfaction in the field (1). The bases for judgment of patient improvement has been subjective relief and electrocardiographic changes. The error in making conclusions about the former is well recognized and the very nature of the disease makes the latter inadequate for true evaluation of the surgical procedure (2, 3, 4). The purpose of this paper is to discuss our experience with implantation of the Internal mammary artery into the myocardium and the objective, anatomic proof of its function by arteriography.

Case Presentation:

The patient is a fifty-three year old white male employed as a truck dispatcher. He had a three-year history of progressive left chest pain with radiation down the left arm and the back of the neck. The pain was of a severe, achy nature but at times was also dull and associated with numbness of the left arm. It was related to exertion; however, prior to admission it began to occur at rest and frequently at night. Dyspnea on exertion was of recent onset. There was no ankle edema. At first the pain was relieved by nitroglycerine but by the last hospital admission narcotics were required for adequate relief.

One year prior to admission the patient was hospitalized for a cervical radiculitis. A myelogram revealed a herniated disc at L-4. A laminectomy and excision of the disc was performed with equivocal success. The remaining past history was not significant.

Repeated electrocardiograms had a similar, unchanging pattern: Sinus rhythm, neutral axis. Deep Q wave in Lead III. ST depression in II, III, and aVL. ST depression and flat T waves in all precordial leads. The interpretation was anterior myocardial ischemia, digitalis effect, diaphragmatic infarct to be considered. Chest x-ray was negative. Ballistocardiogram was abnormal, consistent with coronary disease.

The patient was hospitalized for sixteen days before the cardiovascular service saw him. At that time he was receiving coronary vasodilators, sedatives, digitalis, narcotics and anticoagulants. He was at complete bed rest but was having severe anginal attacks up to three times in a twenty-four hour period. The impression was intractable status anginosus and coronary arteriography was recommended. The indications for coronary arteriography are:

1. Diagnosis in problem cases of angina, coronary insufficiency and infarction.
2. Anginal pain caused by valvular disease.
3. Hypertension and anginal pain.
4. Evaluation of therapy.
5. Pain not likely to be anginal, patient reassurance.

Selective coronary cineangiography was carried out through a right brachial arteriotomy utilizing a number seven Sones catheter. Injection of the left coronary orifice showed segmental disease of the main artery and

the posterior circumflex artery. There was nonfilling of the anterior descending artery. Sublingual nitroglycerine was given and the left coronary re-injected this time showing the anterior descending to be patent. The patient experienced severe angina during injection of the right coronary. Injection into the right coronary orifice showed complete occlusion of the main artery at its origin; however, there were small secondary collaterals visualized. Injection after nitroglycerine produced no improvement. The aortic pressure was 130/75. The left ventricular pressure was 127/12 with 20 end diastolic which was interpreted as myocardial failure.

In view of the above findings it was recommended that the patient have coronary surgery done. This was carried out one week later. The patient was taken to surgery where under general anesthesia, a left thoracotomy was done and the left internal mammary artery was dissected and implanted into the myocardium. The patient tolerated the procedure extremely well. He had an uneventful recovery and was discharged in two weeks. Anticoagulation and vasodilators were continued. He was comfortable during his two-month convalescence and was able to resume work.

The patient was re-admitted to the hospital six months later for re-evaluation. There was no angina and he was able to do his work and enjoy a full life. He was taken to the catheterization laboratory and a left brachial arteriotomy performed. A number seven Sones catheter was passed into the left subclavian artery. The origin of the left internal mammary artery was identified and cannulated. Selective hand injection was carried out. The internal mammary artery was opacified down to the myocardium proving its patency. The patient experienced angina after each injection and he stated it was identical to the preoperative anginal pain. The angiogram showed diffuse spasm of the internal mammary. The pain was quickly relieved by nitroglycerine. Re-injection of the artery showed it to be widely patent and free of spasm. In the opinion of the authors this is further proof that the implanted artery now supplies myocardial tissue. This is probably the first time that angina and spasm has been shown to be produced in an artery used for a revascularization procedure.

Discussion:

Indications. The only indication we have used for coronary artery surgery has been intractable angina. Intractable angina is defined as pain due to coronary insufficiency which is progressive and unresponsive to the usual means of therapy and has completely handicapped the patient and prevents him from leading all but a sedentary existence. It does not necessarily mean status anginosus as was present in the case presentation. The patient should be well screened for other types of concurrent heart disease. The presence of marked ventricular hypertrophy is a relative contra-indication. Cases of valvular disease or frank myocardial failure should not be considered and therapy directed toward correction of these conditions. We do not feel that ischemia per se in an otherwise normal functioning heart is a contra-indication regardless of the degree of severity as may be evidenced by electrocardiography. However, electrocardiographic and enzyme evidence of myocardial injury or of impending catastrophe should stay the surgeon's hand. Once infarction has occurred surgery should not be considered for at least three months if the indication is still present.

Selection of Patients. We still look upon the candidates for coronary surgery as being a highly selected group. When the decision to consider surgery is made the patient is thoroughly screened for general physical con-

dition and for the presence of other types of heart disease. Electrocardiographic evidence of ischemia is sought for an exercise tolerance tests may be done for documentation. Ballistocardiography may help if the patient is forty-five or under. Finally, all patients undergo coronary angiography. This follows the basic law of all cardiovascular surgery that the arterial system must be thoroughly evaluated and visualized for proper surgical attack. It helps the surgeon evaluate the coronary vasculature and plan his surgery accordingly. It makes all feel secure that indeed coronary disease is present.

Operative Technique. The left internal mammary artery is used and it is approached through the left antero-lateral thoracotomy incision. This is the artery which is more easily implanted since the majority of the ventricular mass is in the left side of the thorax. It is dissected free for the necessary distance to allow easy implantation without undue tension or kinking. An area of myocardium is selected usually just distal to the most severe area of coronary arterial narrowing. It is preferable to place the implant in a tunnel beneath a collapsed or partially perfused distal run-off since it is more practical to have blood flowing from high to low pressure areas. No direct anastomosis is made. The implanted artery is fixed to the myocardium. Blood flow into the myocardium must be established immediately to prevent the new artery from thrombosing. There is continuous flow in the natural syncytical channels until they are endothelialized.

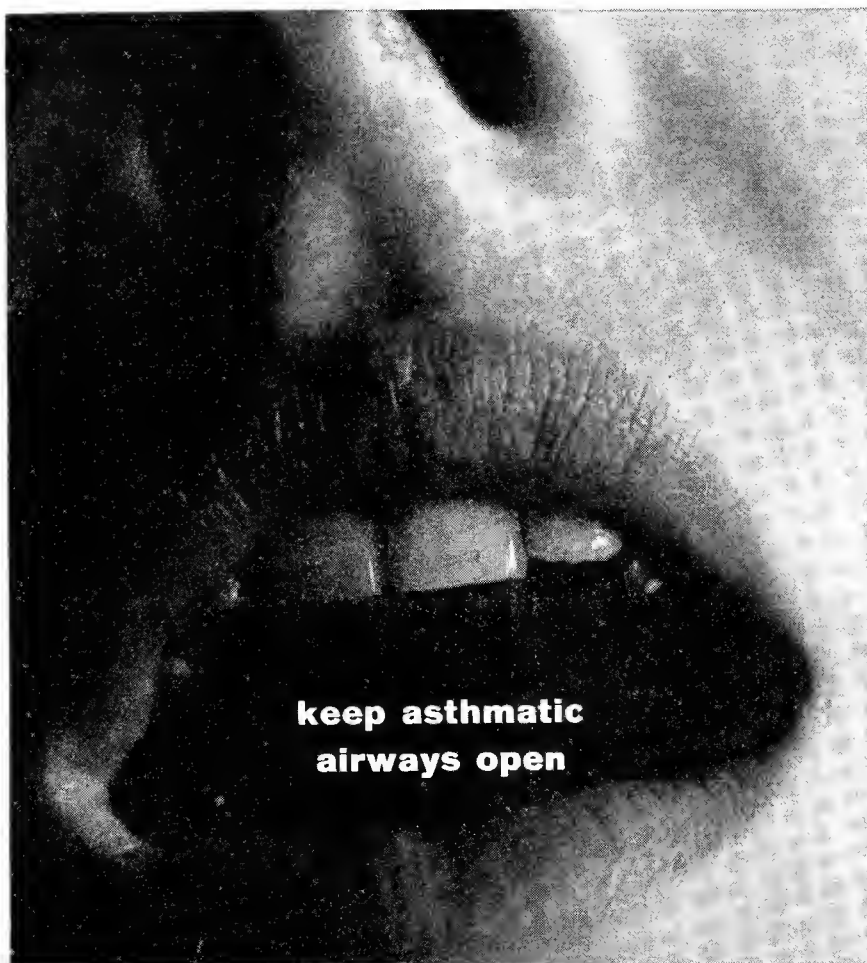
Vineburg has reported an incidence of 80% patency following this operation in 140 patients (5). Proudfit has claimed angiographic studies showing patency of the internal mammary artery down to the myocardium at the Cleveland Clinic laboratory. It has not yet been determined how soon after the operation such revascularization has become appreciable. However, it is logical to state that flow is present from the very moment of surgical implantation, otherwise the vessel will thrombose. Blood flow at first is through pre-existing primitive vascular channels and probably then proceeds to collateral vessels as collateralization is stimulated and endothelium is laid down. It has been noted by us that patients who undergo this operation have immediate relief of angina. It is interesting to speculate that the source of this relief is the function of the pre-existing vascular channels.

Summary:

A case of intractable status anginosus who had internal mammary artery implantation done is presented. The patency of the implant is proven by angiography. The patient is now symptom-free and has resumed full activity. Incidental findings have demonstrated that nitroglycerine has a direct coronary vasodilating effect. Also it was demonstrated that the implant is capable of going into spasm and producing anginal pain and in turn responding to nitroglycerine similar to the true coronary artery. All of our patients have claimed immediate postoperative relief. The role of the pre-existing primitive vascular channels in producing this relief is discussed.

Bibliography

1. Case, R.B., Brachfeld, N. Surgical Therapy of Coronary Arterial Disease with Special Reference to Myocardial Revascularization. *Am. J. Cardiol.*, 9:425, 1962.
2. Hellerstein, H.K. Evaluation of surgical methods in the treatment of Coronary artery disease. *Mod. Concepts Cardiovas. Dis.* 26: 411, 1957.
3. Dimond, E. G., Kittle, C. F., and Crockett, J. E. Comparison of internal mammary artery ligation and sham operation for angina pectoris. *Am. J. Cardiol.*, 5:483, 1960.
4. Cobb, L. A., Thomas, G. I., Bruce, R. A., and Mesendino, K. A. Preliminary report of double blind evaluation of ligation of internal mammary arteries. *Circulation*, 18:704, 1958.
5. Vineburg, A. M. Internal mammary artery implants. 20th annual meeting, Am. Geriatrics Society, 1963.



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insomnia. Rarely, aminophylline causes gastrointestinal distress. Amytal, a barbiturate, may be habit-forming and may produce hypersensitivity reactions. **Contraindications:** Administration of Amesec is not recommended in the presence of cardiovascular disease.

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Bulletin Board



Approximately sixty internes and general practitioners with their wives attended the annual General Practitioners picnic for the newly arrived Youngstown Hospital internes. Dr. Richard Roland was in charge of the affair this year which was held at the home of Dr. John LaManna off Raccoon Road. This was the first social gathering for our new house staff and most impressive. Volley ball was the most popular afternoon activity. A three-piece combo played for dancing from 7:00 until 11:00 p.m.

It is common at this time of year to hear our members reminisce about their summer vacations. Some long planned vacations turn out as planned but alas some don't and as they say in baseball "—next year the team will be better." Take for example, Dr. Tom Laird. For weeks Tom had planned his vacation in Bangor, Maine, to coincide with the recent eclipse of the sun. Tom was ready with his camera at the right moment in Bangor, and then came the clouds. Chagrined, Tom came back to Youngstown to be greeted by Dr. Oscar Turner who took great pictures of the eclipse here in his own backyard!

Dr. Bernard Schneider says his vacation was "—real fun." Bernie spent one week aboard a 100-foot-long schooner. This boat formerly was an old cargo carrier windjammer. Aboard were 27 passengers who roughed it, even helping with the sailing chores. The boat boarded at Camden, Maine, and anchored at a new spot every night. "It wasn't like the Queen Mary, but just plain real fun."

Dr. Bert Katz spent one week with his two boys fishing at Sturgeon Falls on Lake Nipissing, Canada. Then he came home and the following week took his wife and daughter to Mackinac Island.

Dr. Jake Turner became a father for the sixth time, this time a boy being born. Jake and Carolyn must have the secret combination because they have been able to alternate the sex of each child. To me, an Obstetrician, this feat is amazing!

Dr. John C. Melnick just became a full time Radiologist at the South Unit. John was a former resident at our hospital and was in group practice in Buffalo prior to his return here. Dr. Ben Berg recently received The Gold Medal for Certification of Board Radiologist in Nuclear Medicine. Examinations were held in Philadelphia. Dr. and Mrs. Myron Steinberg attended the recent meeting of the College of Angiology in Atlantic City.

—John G. Guju, M.D.

* * * * *

The big event at St. Elizabeth Hospital this month was Ex-Intern's Day, August 22. The entire day was devoted to group activities of the visiting and house staffs and their guests, including scientific, social and athletic events.

Much deserved recognition goes to the Committee headed by Johnny Stotler, and including M. C. Raupple and Paul Ruth, whose outstanding efforts made this affair so memorable. Dr. A. C. Marinelli, as usual, made all the facilities of his farm on Belmont Avenue Ext. available to us on this occasion. Without the need of committees or official titles, Dr. Marinelli has generously and repeatedly offered us his gracious hospitality—we are sincerely grateful.

Joe Tandatnick went into training and got into shape for the annual baseball game between house and visiting staffs. He was the catcher, as always, and helped beat those young upstarts . . . Vern Goodwin returned from his trip just in time for this occasion . . . Dick Clifford felt well enough to address the entire gathering after dinner . . . Sid Davidow won the first door prize . . . Mike Kachmer had become a father again five days earlier, but won no other prizes. He was content, however; he wanted a boy and got one.

John McDonough continues his splendid work on behalf of Project HOPE. Word has it that he is planning something really unique to raise funds for this worthy purpose . . . Steve Ondash had to play the bachelor while Sabina was away at the ranch. He seems none the worse for wear, and his elocution is still perfect . . . Some members of the Medical Staff are already preparing for the bowling season. The St. Elizabeth Hospital League will once again have a strong representation from the MD's.

Please mark October 5 on your calendar—with a red pencil! That's the date of the 4th Annual St. Elizabeth Hospital Charity Ball. As usual, it will be held at Idora Park. Make sure your tux is ready for the gala event. Wifey can wear the same formal as last year . . . we don't remember what it looked like.

—Kurt Wegner, M.D.

* * * * *

The Mahoning County Medical Society wants to thank those doctors who volunteered to work at the First Aid Station at the Canfield Fair: Dr. Robert Ciekers, Dr. Robert J. Hritz, Dr. Richard J. Jarvis, Dr. Carl B. Klodell, Dr. Frank J. Kocab, Dr. Jack Schreiber, Dr. Michael J. Vuksta, Dr. V. Holonko, and Dr. S. M. Zervos.

The Drs. Shapira, Dave and Elsa, and their three children, Ruth, Mark and Danny, have just returned from Wildwood, New Jersey, where they spent a two week vacation.

Dr. David A. Belinky, Mahoning County coroner, was reelected vice president of the National Coroners' Association at the annual convention in St. Louis.

COMMUNITY DOCTOR WANTED

From time to time, one of the smaller communities in Mahoning County will contact the Medical Society office asking for help in procuring a physician for that community. Most recent of these calls came from the New Springfield Community Improvement Club requesting a doctor for New Springfield. If you know of anyone interested, have him phone Mrs. Paul Henry, 549-3351.

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Thirty Years Ago— September 1933

There was a great deal of excitement about the eighteen cases of polio reported to the Health Department. An editorial in a local newspaper urged the Medical Society to conduct an investigation as to the mode of transmission and the possible common source of the infection. Our Secretary (Wm. Skipp) was compiling a list of persons who had recovered from polio, for the purpose of obtaining convalescent serum to use in paralytic cases. That was a popular treatment then. The hospital laboratory would process the blood and the serum would be injected in 50 c.c. doses. Dr. E. R. Thomas contributed an article on polio in which he called attention to the small percentage of paralytic cases and the large number of acute non-specific infections without signs of nervous system injury.

In the excitement over polio, twenty cases of typhoid fever went almost unnoticed.

Twenty Years Ago—September 1943

Some of the men in the armed services were heard from, others were scattered to far distant places. Fred Coombs reported that he was enjoying himself at Madison, Wisconsin. His family was with him and he was promoted to major. John Goldcamp was down at Fort Sill where the heat was terrific. He was coach of the enlisted men's baseball team. Sam Klatman was working a 10-hour day doing surgery at Fort Lawton, Wash. There were 1,500 men to every doctor there. He was glad to be back on land after a year at sea. Luke Reed was somewhere out in the desert but had his family there. Herman Ipp was at San Marcus Field, Texas, a major now, his second promotion. M. M. Szucs was head cardiologist for the base hospital at Manhattan Beach, Brooklyn. E. W. Sears and John Rogers were home for brief visits.

The Bulletin mentioned other members who were away on vacations, fishing and hunting trips or at the Waldorf-Astoria to ease their tired bodies. This made a big hit with their friends who read about it in a tent down on some island in the South Pacific.

The hospitals of Akron, Canton and Youngstown were making vigorous protest against a recent ruling of the Procurement and Assignment Service which had allotted for Youngstown 15 internes and three residents (for two hospitals). This made a ratio of one interne to 1,976 admissions. The number of practicing physicians was down 31% while hospital beds increased 15%.

Ten Years Ago—September 1953

Seven cases of polio were reported that month, an increase of 25% over last year but no one appeared excited. There was general interest in the sharp increase of cases of infectious hepatitis.

Kenneth J. Hovanic and Raymond Boniface had an interesting article on Tay-Sach's Disease (Amaurotic Familial Idiocy) with report of a case seen at St. Elizabeth's Hospital where Dr. Boniface was an interne.

The Korean conflict was ended by a truce. Dwight Eisenhower was President of the land of the somewhat free and more or less brave. Horrible Harry was back in Independence blasting off at the Republicans every 65 minutes like Old Faithful. Oveta Culp Hobby was Secretary of HEW. The political



climate was favorable. No legislation threatening to the private practice of medicine was in the hopper.

The medical exhibit at Canfield Fair was a big success. President Goodwin and Editor Reese urged the members to start the new season with a big attendance. For bait they dangled before us free dinners and top drawer speakers. The prospect was pleasing. It was a good year.

—J.L.F.

Wife Line

Hello there! This is September's Roving Reporter on the Distaff side. We're going to try a new format for the 1963-1964 season—Wifeline will be written by a different member of the Auxiliary each month.

As "Past President", I've been given the honor of writing September's article, under the assumption that I know what's going on. Responsible for this erroneous conclusion is Carol Cook, our new president. She foresightedly prepared herself for the responsibilities of office by serving on just about every committee our Auxiliary ever devised. In the past, Health Careers were her chief interest, but now, under Dr. Jack Schreiber's direction, she wants to "give her all" to fighting Socialized Medicine.

Undoubtedly, being the only woman on a seven man team working on "Operation Home Town" has served to spur her interest—and all of us are about to claim our turn.

As most of you know, our new president is a vivacious red-headed mother of four and grandmother of one. On August 16th she joined several other lively grandmothers (among others) when the Medical Auxiliary's Gavel Club celebrated its tenth anniversary. Mrs. Frank Inui and Mrs. R. M. Morrison were hostesses for cocktails and luncheon at Youngstown Country Club for the group. Especially honored on this occasion was our local celebrity, Dena Evans, who was presented with a gift. The fourteen ladies who had such a good time with each other were: Mrs. R. M. Morrison, Mrs. A. E. Brant, Mrs. George Coe, Mrs. Morris Rosenblum, Mrs. H. S. Zeve, Mrs. W. H. Evans, Mrs. Ivan Smith, Mrs. Craig Wales, Mrs. Paul Mahar, Mrs. Cary Peabody, Mrs. John J. McDonough, Mrs. Frank Inui, Mrs. George Cook (by special invitation) and Mrs. Kurt Wegner.

Mrs. Evans, as President-elect of the Woman's Auxiliary to the A.M.A. is being honored on many occasions. She states that she fears for her waistline in the coming year. I figure that in between all those luncheons (she has to help the national president cover all fifty states) they'll keep her running off those extra pounds.

More seriously, we are all cognizant of the great honor that has come to a member of our Auxiliary. As a token of our esteem we presented Dena with white orchids and champagne at Atlantic City when she took office. We know that she will be a dedicated and successful officer.

On Sept. 17th the Mahoning Auxiliary will have a reception for the new President-Elect at Carol Cook's home. All state officers have been invited, as well as several Auxiliary members from Cleveland, friends of Mrs. Evan's. Naturally, we expect to have a full turn-out of our own membership.

In closing, I have a suggestion for each of you. Try to bring with you, to our meetings, the wife of a house staff physician, or perhaps an older member who has dropped out of active participation. With a little help, these women would attend our meetings, to the advantage of all.

—Margot Wegner

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INJURY CONFERENCE WELL ATTENDED

Participants in the Athletic Injury Conference, held August 14 at Boardman Junior High School, were pleased with the turn-out of more than sixty coaches, assistant coaches and trainers from more than twenty-seven area high schools.

Good conditioning and preventive measures were stressed in a program that covered all phases of athletic participation, with special attention being given to football injuries. The Conference was held the day before most of the coaches began preparing their squads for the football season.

The Conference began at 9:00 in the morning and lasted until 1:00 p.m. with a coffee-break at the half-way mark. Speakers included Dr. Michael Vuksta on conditioning and nutrition, Dr. Arthur Nicolette, on mouth protection, Dr. Robert Parry on practice injuries, Willard Webster, who gave a demonstration of taping, Dr. G. W. Cook on conditions restricting athletic participation, Dr. Fred G. Schlecht on head and neck injuries, Dr. W. H. Charlebois on the orthopedic approach to injuries, and Dr. James N. Gordon on external cardiac massage and mouth-to-mouth resuscitation.

Speakers were introduced by Dr. J. Allan Altdorffer, athletic injuries committee chairman, and the welcome to the Mahoning Valley Coaches Association was made by Dr. Asher Randell, president.

Next year's conference is expected to draw an even larger crowd.

BOARD OF HEALTH BULLETIN

Report for July, 1963

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	113	91	130	132	466
Deaths	67	69	75	47	258
Infants Deaths	1	3	1	6	11
JULY, 1962					
Births	124	120	136	161	541
Deaths	87	48	55	43	233
Infants Deaths	2	3	3	1	9

COMMUNICABLE DISEASES

	1963		1962	
	Cases	Deaths	Cases	Deaths
Chicken Pox	2	0	0	0
Diphtheria	0	0	0	0
Measles	19	0	2	0
German Measles	0	0	1	0
Mumps	6	0	0	0
Polio	0	0	0	0
Scarlet Fever	0	0	2	0
Tuberculosis	4	1	12	1
Typhoid	0	0	0	0
Whooping Cough	0	0	0	0
Infectious Hepatitis	2	0	2	0
Rheumatic Fever	1	0	0	0
Syphilis	7	0	13	0
Gonorrhea	29	0	25	0

VENEREAL DISEASES

	Male	Female
New Cases		
Syphilis	1	1
Gonorrhea	16	12
Total Patients		30
Total Visits (Patients)		157

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*Roseman, E.; *Neurology* 11:912, 1961.

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